

APPLICATION FOR REVIEW

-Complete all pages-

NOTE: Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m), Stats.]

POWTS

For plan status, check our website at <http://www.commerce.state.wi.us/SB/SB-DivReviewStatusSearch.html>

Several counties have been delegated certain authority to review plans in lieu of Commerce. For a current list of those counties and their delegation check our website at <http://www.commerce.state.wi.us/SB/SB-PowtsProgram.html>.

1. Project Information - Fill in all known information.

Project/Site Name _____
Location, Number & Street of project (if unknown, indicated nearest road) _____
Legal Description: _____
County _____ () City () Village () Town of _____

Confirmation of assignment to a reviewer.

Transaction ID: _____
Previous Related Trans. ID: _____
Estimated Completion Date: _____
Assigned Reviewer: _____
Assigned Office: _____
Mail to your office of choice below:

Green Bay, Hayward, LaCrosse, Madison, Shawano, Waukesha

NOTE: We reserve the right to re-distribute plans to another office if needed to reasonably balance turnaround times.

2. After plans are reviewed, please: (check all that apply)

☐ Call customer 1, 2 (circle number)*
☐ Requesting party will pick up
☐ Mail plans to customer 1, 2 (circle number)*
*Refers to customer number from below

3. Complete the following designer/owner/requesting information. Utilize the check boxes when designer, owner or requesting party is the same to avoid repeating information.

Designer Information (Customer 1)

First Name _____ Last Name _____ Commerce Customer Number _____
Company Name _____
Address _____
City _____ State _____ Zip+4 (9digits) _____
Phone Number (area code) _____ Fax or Internet _____ cell phone _____
Check others if applicable
() Owner

Other Please Specify (Customer 2)

First Name _____ Last Name _____ Commerce Customer Number _____
Company Name _____
Address _____
City _____ State _____ Zip+4 (9digits) _____
Phone Number (area code) _____ Fax or Internet _____ cell phone _____
Check others if applicable
() Owner

4. Information and Plan Submittal Checklists. POWTS scheduling is not available. Plans will be assigned to a reviewer after receipt of plans. If you select a specific office your estimated completion date may be considerably greater than what would be possible in another office. Submittals received without a specific office indicated on the form may be assigned to offices other than the receiving office depending on reviewer availability. Submittal checklists can be found in each applicable component manual. **You may email technical code questions to powtstech@commerce.state.wi.us.**

Madison S&BD

201 W Washington Ave
PO Box 7162
Madison WI 53707-7162
608-266-3151
Fax: 608-267-9566
TDD 608-264-8777
Email: PlanSchedule@commerce.state.wi.us

Hayward S&BD

10541N Ranch Rd
Hayward WI 54843
715-634-4870
Fax: 715-634-5150
Email:
PlanSchedule@commerce.state.wi.us

LaCrosse S&BD.

4003 N Kinney
Coulee Rd
LaCrosse WI 54601-1831
608-785-9334
Fax: 608-785-9330
Email:
PlanSchedule@commerce.state.wi.us

Shawano S&BD

1340 E Green Bay
Shawano WI 54166
715-524-3626
Fax: 608-283-7444
Email:
PlanSchedule@commerce.state.wi.us

Green Bay S&BD

2331 San Luis Place
Green Bay, WI 54304
920-492-5601
FAX: 920-492-5604
Email: PlanSchedule@commerce.state.wi.us

Waukesha S&BD

141 NW Barstow St
4th Floor
Waukesha WI 53188-3789
262-548-8600
Fax: 262-548-8614
Email: PlanSchedule@commerce.state.wi.us

MAKE CHECKS PAYABLE TO DEPT OF COMMERCE
Attach check here

TOTAL AMOUNT DUE \$ _____
Review Code 7633

5. POWTS SUBMITTAL (check all that apply)

<input type="checkbox"/> New Construction <input type="checkbox"/> Aerobic Treatment Unit(s) <input type="checkbox"/> Anchoring of System Components Required <input type="checkbox"/> Chlorinator <input type="checkbox"/> Replacement of System <input type="checkbox"/> Commercial System <input type="checkbox"/> Metering and/or Monitoring Required <input type="checkbox"/> UV Disinfection Unit			
SYSTEM TYPE(S)		NOTE: Submit separate sheets for each system if submitting multiple systems on the same site.	Enter Fee
<input type="checkbox"/> Revision to previously approved plan <input type="checkbox"/> Miscellaneous Review (\$60/hr for replacement of a septic tank, addition of an effluent filter or pretreatment device to an existing system, etc.)		\$75 \$60/hr	_____
<input type="checkbox"/> Component Manual <input type="checkbox"/> At-Grade Component Manual, SBD-10570-P (R.6/99) <input type="checkbox"/> Conventional POWTS Component Manual, SBD-10567-P (R.6/99) <input type="checkbox"/> Drip-Line Dispersal Component Manual, SBD-10657-P (N.6/99) <input type="checkbox"/> Ezflow Mound Component Manual, (N.6/03) <input type="checkbox"/> Infiltrator Chamber Mound Component Manual (Version 5.0) (8/11/04) <input type="checkbox"/> In-ground POWTS Component Manual, SBD-10705-P (N.01/01) <input type="checkbox"/> Mound Component Manual, SBD-10572-P (R.6/99) <input type="checkbox"/> Mound Component Manual – Version 2.0, SBD-10691-P (N.01/01) <input type="checkbox"/> Moving Bed Biofilm Reactor, (MBBR) Component Manual (04/02) <input type="checkbox"/> Multi-Flo ATU with Drip-Line Dispersal Component Manual (10/01) <input type="checkbox"/> Pressure Distribution Component Manual, SBD-10573-P (R.6/99) <input type="checkbox"/> Pressure Distribution Component Manual – Version 2.0, SBD-10706-P (N.01/01) <input type="checkbox"/> Recirculating Sand Filter Component Manual, SBD-10628-P (R.6/99) <input type="checkbox"/> Single Pass Sand Filter Component Manual, SBD-10595-P (R.6/99) <input type="checkbox"/> Split Bed Recirculating Sand Filter Component Manual, SBD-10656-P (N.6/99) <input type="checkbox"/> Other - Specify _____	Design Wastewater Flow in Gallons Per Day _____ GPD	All treatment components are previously approved under s. Comm 84.10 (2) or (3): Design wastewater flow of the proposed system: 1,000 gpd or less \$175.00 1,001 – 2,000 gpd \$225.00 2,001 – 5,000 gpd \$275.00 greater than 5,000 gpd \$300.00 plus \$0.05 for each gallon over 5000 gpd.	_____
<input type="checkbox"/> Individual Site Design* <input type="checkbox"/> At Grade <input type="checkbox"/> Non-Pressurized In-ground <input type="checkbox"/> Pressurized In-ground <input type="checkbox"/> Mound <input type="checkbox"/> Dripline <input type="checkbox"/> Constructed Wetlands * Documentation must be provided to support treatment and dispersal claims. In a separate statement, provide rationale for the project and attach supporting documents (code sections, test reports, technical papers, research articles, etc.)	Design Wastewater Flow in Gallons Per Day _____ GPD	One or more treatment components are not previously approved under s. Comm 84.10 (2) or (3): (Individual site design/deviation from component manuals and use of components without product approval): Design wastewater flow of the proposed system: 1,000 gpd or less \$300.00 1,001 – 2,000 gpd \$400.00 2,001 – 5,000 gpd \$500.00 greater than 5,000 gpd \$600.00 plus \$0.05 each gallon over 5000 gpd	_____
<input type="checkbox"/> Holding Tank Individual Site Design <input type="checkbox"/> Site Constructed Holding Tank	Design Wastewater Flow in Gallons Per Day _____ GPD	Holding tanks NOT previously approved under s. Comm 84.10 (2) or (3) and site constructed tanks. Design wastewater flow of the proposed system: 5,000 gpd or less \$120.00 5,001 – 10,000 gpd \$200.00 greater than 10,000 gpd \$300.00	_____
<input type="checkbox"/> Holding Tank Component Manual, SBD-10571-P (R.6/99)	Design Wastewater Flow in Gallons Per Day _____ GPD	Holding tanks previously approved under s. Comm 84.10 (2)(3). Design wastewater flow of the proposed system: 5,000 gpd or less \$60.00 5,001 – 10,000 gpd \$100.00 greater than 10,000 gpd \$150.00	_____
<input type="checkbox"/> Soil Saturation Determination Report (using observation pipes) <input type="checkbox"/> Interpretive Determination			\$100.00
<input type="checkbox"/> Experimental System (One time additional fee. Submit fee for individual system as per appropriate above system type) Experiment Number _____			\$300.00

Prior approval from a section chief is required for a priority review.
If approval is granted, the priority will be reviewed within 5 days of receipt.
Priority review fee is double the normal review fee.

Priority Review (enter same amount as normal review fee listed above) _____

Enter Total (rounded to the nearest dollar)

\$ _____